

## Intervention: Routine behavioral counseling for unselected patients

Finding: Insufficient evidence to determine effectiveness

### Potential partners to undertake the intervention:

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|---|--|
| <input type="checkbox"/> Nonprofits or local coalitions                   | <input type="checkbox"/> Businesses or labor             |
| <input type="checkbox"/> Schools or universities                          | <input type="checkbox"/> Media                           |
| <input checked="" type="checkbox"/> Health care providers                 | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments                  | <input type="checkbox"/> Policymakers                    |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other:                          |

### Background:

Intensive behavioral dietary counseling includes brief, low- to medium-intensity behavioral dietary counseling in the primary care setting for unselected patients.

### Findings from the systematic reviews:

The U.S. Preventive Services Task Force (USPSTF) concluded that available evidence is insufficient to recommend for or against routine behavioral counseling in primary care settings to promote healthy diets in unselected patients.

Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

### Limitations:

The strength of this evidence is limited by reliance on self-reported diet outcomes, limited use of measures corroborating reported changes in diet, limited follow-up data beyond 6 to 12 months, and enrollment of study participants who may not be fully representative of primary care patients. There is also limited evidence to assess possible harm. Additionally, no controlled trials of routine behavioral dietary counseling for children or adolescents in the primary care setting were identified in this review.

### Additional information:

[USPSTF](http://www.ahrq.gov/clinic/uspstf/uspsdiet.htm) - [www.ahrq.gov/clinic/uspstf/uspsdiet.htm](http://www.ahrq.gov/clinic/uspstf/uspsdiet.htm)

### References:

Pignone MP, Ammerman A, Fernandez L, Orleans CT, Pender N, Woolf S, Lohr KN, Sutton S. Counseling to promote a healthy diet in adults: a summary of the evidence for the U.S. Preventive Task Force. *Am J Prev Med* 2003; 24(1)84-101.